

# Safe and Compassionate Opioid Wean

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October 31, 2017

Speaker has no conflicts of interest to disclose

# Objectives

- Identify reasons for weaning opioid therapy
- Determine appropriate wean intensity
- Utilize available tools to develop a weaning strategy
- Recognize withdrawal symptoms and treatment options
- Identify tools to educate and engage patients

# Reasons for Opioid Dose Reduction<sup>1-4</sup>

- Overt addiction or diversion
- Persistent non-adherence with treatment plan
- Adverse effects
- Diminishing analgesia or hyperalgesia
- Reduced function and/or quality of life
- Absence of progress toward functional goals

# Opioid Wean Challenges<sup>1,2</sup>

## Patient Factors

- Psychiatric/medical comorbidities
- Poor coping skills

## Physician Factors

- Lack of guidelines
- Managing risk
- Treatment alternatives

# General Considerations<sup>1-4</sup>

## Goals of Wean

- Reduce dose
- Complete discontinuation



## Wean Intensity

- Slow wean preferred
- Minimize withdrawal
- Minimize distress



## Set Expectations

- Functional goals
- Change in opioid tolerance

# Non-Opioid Pain Management<sup>4-7</sup>

- Optimize non-opioid treatment options
- Several options exist (CDC guidelines)
- General considerations:
  - Implement one agent at a time
  - Discontinue ineffective agents
  - Do not exceed maximum recommended dose
  - Do not combine multiple agents from the same class
  - Avoid sedative hypnotics or benzodiazepines

# Opioid Wean Intensity

Slow Wean

Moderate Wean

Rapid Wean

# Slow Wean<sup>4,8</sup>

## REASONS FOR WEAN

- Lack of benefit
- Opioid-induced hyperalgesia
- Excessive dose/ side effects
- Patient's desire to stop

## WEAN GUIDANCE

- Reduce total daily dose (TDD) 10% every 3-4 weeks
- Once 20% original dose reached; consider 5% reduction TDD every 3-4 weeks



# Moderate Wean<sup>4,8</sup>

## REASONS FOR WEAN

- Violation of contract
- Continued non-adherence
- Workplace hazard

## WEAN GUIDANCE

- Reduce TDD 10% every 1-2 weeks
- Once 20% original dose reached; consider 5% reduction TDD every 1-2 weeks

# Rapid Wean<sup>4,8</sup>

## REASONS FOR WEAN

- Medication diversion
- Prescription forgery
- Threatening behavior
- Suicidal/homicidal ideations

## WEAN GUIDANCE

- Reduce TDD 20-25% every 3-7 days
- No further prescriptions

# Additional Wean Considerations<sup>3,4,8</sup>

- Slow wean is preferred method
  - Minimize withdrawal symptoms
  - May take 6 months or more
- Wean one agent at a time
- Dosage forms/dose may limit ability for exact percent reductions
  - Alternating dose or ½ tablets may be needed
  - Do not cut extended release preparations
- Only prescribe for one step of withdrawal at a time

# Recognition of Withdrawal Symptoms<sup>2,3,9</sup>

## Early Symptoms (Hours - days)

- Anxiety
- Sweating
- Rapid, short respirations
- Runny nose, tearing eyes
- Dilated reactive pupils

## Late Symptoms (Days - weeks)

- Runny nose, tearing eyes
- Rapid breathing
- Tremor
- Diffuse muscle spasms, aches
- Nausea, vomiting
- Diarrhea
- Fever/chills
- ↑ WBC (sudden withdrawal)

## Prolonged Symptoms (Weeks - months)

- Irritability
- Fatigue
- Bradycardia
- ↓ body temperature

# Treatment of Withdrawal<sup>2,3,9</sup>

<b>Aches, Pains, Myalgia:</b>	⇒ NSAIDs ⇒ Acetaminophen – maximum of 3 grams in ALL acetaminophen containing products
<b>Nausea, Vomiting:</b>	⇒ Dimenhydrinate 50 – 100 mg every 6 hours PRN ⇒ Alternative: prochlorperazine 5 – 10 mg every 6 to 8 hours
<b>Constipation, Diarrhea:</b>	⇒ Constipation: if currently requiring treatment for constipation- continue treatment to avoid constipation, reduce over time as opioids are weaned. ⇒ Diarrhea: Loperamide 2 mg after each loose stool, maximum of 8 mg/day
<b>Anxiety, Irritability, Lacrimation, Rhinorrhea:</b>	⇒ Hydroxyzine 25 – 50 mg TID as needed
<b>Insomnia:</b>	⇒ Non-drug treatment and sleep hygiene ⇒ Pharmacologic needed: Short-term trazodone <sup>¥</sup> (25-100 mg at bedtime)
<b>Physical withdrawal symptoms<sup>†</sup>:</b>	⇒ Clonidine 0.1 mg BID <sup>*¥</sup>

<sup>†</sup> Anxiety and agitation not well controlled with hydroxyzine

<sup>\*</sup>Consider initial test dose of clonidine 0.1 mg followed by BP & HR evaluation 1 hour later in office. If BP less than 90/60mmHg or HR less than 60 beats per minute do not prescribe

<sup>¥</sup> Off label use of these medications; not included in the FDA labeling

# Patient Education and Engagement<sup>1-4</sup>

- Provide resources regarding withdrawal symptoms
- Engage patient
  - Setting goals
  - Alternative therapies
  - Psychiatric resources
- Educate about changes in opioid tolerance

# Conclusion

- Weaning strategies beneficial component of an exit plan
- Patient education and engagement important for successful weans
- Recognition and treatment of withdrawal symptoms can minimize patients distress
- Close follow-up and utilization of non-opioid pain treatments important to success

# References

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